

AF 42635

Patent Attorney's Docket No. <u>032722-421</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pat	ent Application of							
Richard .	A. NAZARIAN et al.	Group Art Unit: 2635						
Applicati	ion No.: 09/030,989	Examiner: B. Zimmerman						
Filed: F	ebruary 26, 1998	DO CT 1						
	ADAPTER POD FOR USE IN MEDICAL PERFUSION SYSTEM)	Examiner: B. Zimmerman Technology Center 2500						
	AMENDMENT/REPLY TR	ANSMITTAL LETTER						
	Commissioner for Patents ton, D.C. 20231	Date: October 16, 2001						
Sir:								
Enc	closed is a reply for the above-identified patent application.							
[]	A Petition for Extension of Time is also enclosed.							
[]	[] A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.							
[]	Also enclosed is							
[]	Small entity status is hereby claimed.							
[]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).							
	[] Applicant(s) previously submitted, on, for which continued examination is requested.							
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.							
	A-Request-for-Entry-and-Consideration of (146/246) is also enclosed.	Submission under 37 C.F.R. § 1.129(a)						
[X]	No additional claim fee is required.							

[] An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	6	MINUS 20 =	0	× \$18.00 (103) =	0.00
Independent Claims	3	MINUS 3 =	0	× \$84.00 (102) =	0.00
If Amendment adds m	ultiple depende	ent claims, add \$270	0.00 (104)		
Total Amendment Fee					
If small entity status is	claimed, subt	ract 50% of Total A	mendment Fe	e	· · · · · · · · · · · · · · · · · · ·
TOTAL ADDITIONA	AL FEE DUE	FOR THIS AMEN	DMENT		0.00

[]	A claim fee in the	e amount of \$	is enclosed.
[]	Charge \$	to Deposit Account N	No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: October 16, 2001